

Appendix Q: Help Me Grow Universal Resource Form

Help Me Grow Alabama (HMG) is a free information and referral line connecting parents and providers to information about child development and community resources.

By completing this form, you are:

- Signing up to receive free information from HMG on child development and community resources in your area;
- Signing up to receive access to a free developmental screening tool called the Ages and Stages Questionnaire (ASQ) for each of your children, ages 5 and under; and
- Authorizing the exchange of information, if permission is given below, for the child(ren) listed between HMG and the provider listed on this form.

School Name and Classroom #: _____

Teacher Name: _____

Address: _____ **City:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Parent or Guardian Name(s): _____

Street: _____ **City:** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

Best time to contact: ☐ Between ___ & ___ ☐ After 5pm ☐ Anytime | **Best form of contact:** ☐ Phone ☐ Email

Please contact me in: ☐ English ☐ Spanish ☐ Other (including specific dialect): _____

Child Name: _____ ☐ Male ☐ Female

Date of Birth: _____ **Premature?** ☐ Yes ☐ No If yes, # of weeks early: _____

Concerns/Reason for Referral: _____

Existing services and/or other referrals in progress: _____

☐ **Ask me about my other children when you contact me.**

By signing this form, I, the parent/legal guardian, authorize the release and use of the information above. I also give permission to Help Me Grow to maintain contact with the provider listed about the developmental and resource information provided to my family, so the provider can give us further support.

Parent/Guardian Signature: _____ **Date:** _____